



*Annual Public Forum
July 30, 2020*

Agenda



Overview on HIP Program Basics

Major Milestones of the past year

Program Performance

Enrollment

Preventive Care

POWER Account Rollover

Presumptive Eligibility

Gateway to Work

HIP Workforce Bridge

Interim Report Findings

HIP COVID-19 Response



HIP Overview

Who is Eligible?

- Indiana residents ages 19 to 64
- income **under 138%** of the federal poverty level (**FPL**)
- who are not eligible for Medicare or otherwise eligible for Medicaid

HIP Plus: Initial plan selection for all members

Benefits: Comprehensive coverage with enhanced benefits, including vision, dental, bariatric, chiropractic and broader pharmacy formulary

Cost sharing: Monthly POWER account contribution required

Contribution is set at one of five levels based on FPL and family size

Copayments only for inappropriate ER use

HIP Basic: Only open to members below 100% FPL

Benefits: Minimum essential coverage, no vision or dental coverage

Cost sharing: Must pay copayments for services. \$4-\$8 for prescriptions, \$4 for doctor visits, \$8 for non-emergent ER use, and \$75 for hospital stays.

HIP Overview



HIP Maternity: Open to pregnant women up to 138% FPL

Benefits: Full Coverage for entire pregnancy and 60 days post-partum

Cost sharing: No cost sharing

HIP State Plan: Only open to members who are Medically Frail or LIPC

Benefits: Mimic traditional Medicaid

Cost sharing: Can be Plus or Basic depending on enrollment. Cost sharing mimics Plus or Basic.

Major Milestones July 2019-July 2020



December 19, 2019

- Submitted HIP Interim Evaluation to CMS
- A copy of the report can be found here: <https://www.in.gov/fssa/hip/2624.htm>

January 31, 2020

- Submitted 1115 waiver renewal application for HIP and SUD to CMS

May 29, 2020

- Received CMS approval for HIP Workforce Bridge

Enrollment



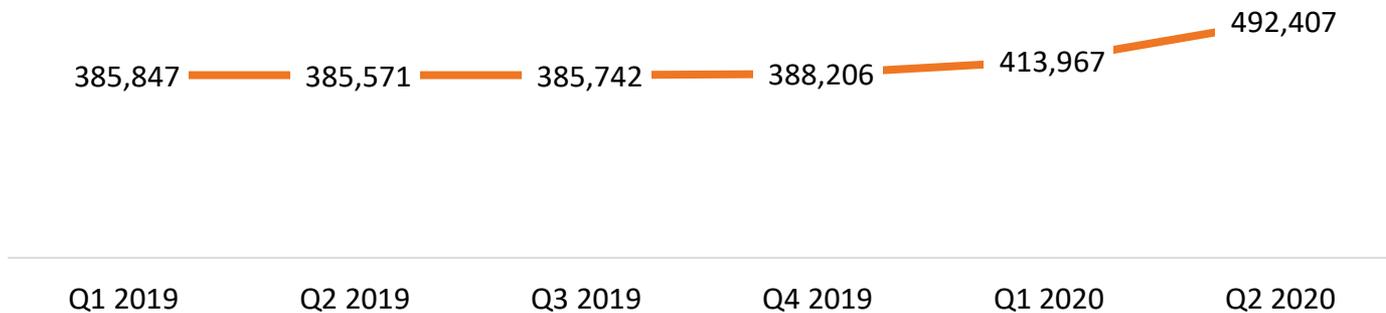
FPL Levels	BASIC				PLUS				MATERNITY		TOTAL PROGRAM	
	State	Regular	Total	Percentage	State	Regular	Total	Percentage	TOTAL	Percentage	TOTAL	Percentage
<5%	40,607	31,364	71,971	32.1%	86,546	55,963	142,509	63.5%	10,049	4.5%	224,528	54.2%
5%-10%	510	211	721	24.2%	1401	714	2,115	70.9%	147	4.9%	2983	0.7%
11%-22%	1,367	501	1,868	24.4%	3,532	1790	5,322	69.6%	454	5.9%	7,644	1.8%
23%-50%	1,903	5,076	6,979	25.1%	6,011	13,086	19,097	68.6%	1,754	6.3%	27,830	6.7%
51%-75%	2,424	7,074	9,498	24.6%	8,125	19,103	27,228	70.4%	1,957	5.1%	38,683	9.3%
76%-100%	2,696	8,226	10,922	23.2%	9,918	23,904	33,822	71.9%	2,283	4.9%	47,027	11.4%
Total <101%	49,507	52,452	101,959	29.2%	115,533	114,560	230,093	66.0%	16,644	4.8%	348,695	84.2%
101%-138%	2,298	4,022	6,320	10.2%	15,849	37,186	53,035	85.3%	2,842	4.6%	62,197	15.0%
>138%	11	32	43	1.4%	2513	140	2,653	86.3%	379	12.3%	3075	0.7%
Grand Total	51,816	56,506	108,322	26.2%	133,895	151,886	285,781	69.0%	19,865	4.8%	413,967	100.0%

*as of March 2020

Enrollment



Total unique HIP enrollment at the end of each quarter

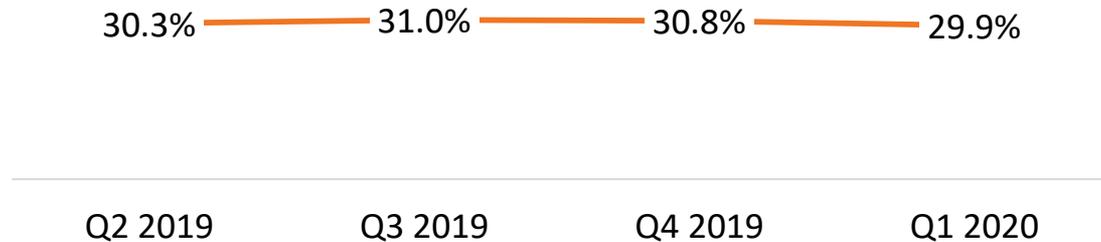


*as of July 16, 2020

Preventive Care



Percentage of women aged 40-64 years who had a breast cancer screening enrolled in HIP

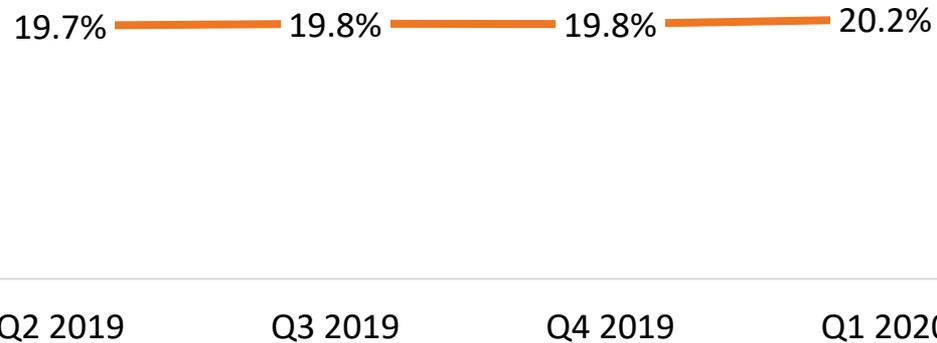


This percentage has increase about 5% overall compared to 2018's annual report of these numbers.

Preventive Care



Percentage of women aged 21-64 years who had a cervical cancer screening enrolled in HIP

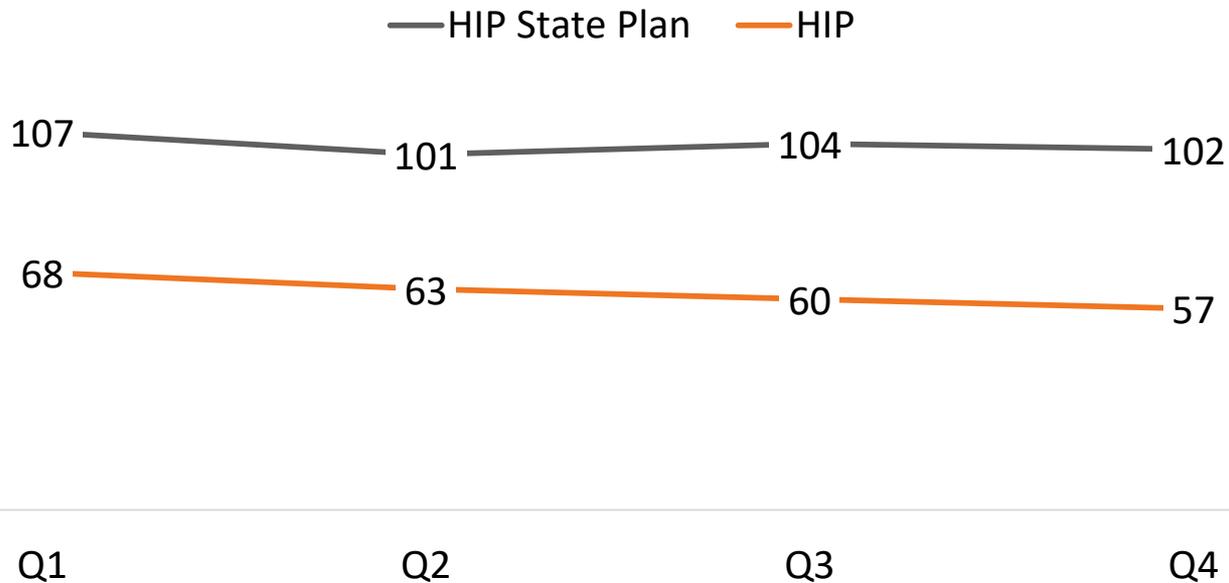


These percentages have remained in the same range compared to 2018.

Emergency Dept Use



The number adjudicated ER Claims per 1,000 members by HIP Plan





PAC Rollover

Benefit Period	Members with Preventive Health Care	Total Members with Rollover	Average Total Rollover Amount	Members Who Earn % Discount and Member \$	Members Who Earned % Discount Only
CY 2019	206,614	170,214	\$51.95	\$5,389	28,138
Percent Increase from CY 2018	+2.6%	+5.7%	No change	+26.7%	+6.7%

Members can earn rollover for meeting incentives.

- Plus members can earn dollars that reduce future PAC payments and
- Basic members can earn a discount % on future PAC payment if they upgrade to Plus.



Presumptive Eligibility

March 2019 – March 2020

Provider Type	PE Applications Submitted	PE Applications Approved	% PE Applications Approved	IHCP Applications Submitted	IHCP Applications Approved	% IHCP Applications Approved
Acute Care Hospital	101,016	84,422	84%	46,147	22,891	50%
Community Mental Health Center	9,191	7,605	83%	3,355	1,676	50%
FQHC	18,732	16,335	87%	7,887	4,587	58%
Psychiatric Hospital	3,286	2,648	81%	1,456	770	53%
Rural Health Clinic	457	366	80%	144	77	53%
County Health Department	218	205	94%	106	77	73%
Total	132,900	111,581	84%	59,095	30,078	51%

Gateway to Work



October 31, 2019 – the Gateway to Work program suspended requirements to report activity hours in response to a Federal lawsuit.

April 30, 2020 – the Gateway to Work program was suspended indefinitely as part of the COVID-19 response



HIP Workforce Bridge

May 29, 2020 CMS approved HIP Workforce Bridge – a program unique to Indiana

Available to HIP enrolled members who have an increase in income and are no longer eligible for HIP

\$1,000 to cover health care and health insurance costs during transition from HIP to commercial insurance

Covers premiums, prescriptions, and HIP covered services while waiting for coverage to kick in and covers copayments, coinsurance and deductible costs for HIP covered services following commercial coverage enrollment

Account is available for up to 12-months following HIP disenrollment or until the account balance is \$0

Interim Report Findings

Enrollment in MCE disease management programs have increased substantially from 2015 to 2018

Utilization of cessation services has increased from 2015 (5.8% of members) to 2018 (8.7% of members) and the average cessation services used per year has increased from 3.37 to 4.17 over the same time period

Interim Report Findings

- From 2015 to 2018 difference participation and utilization for HIP members

	Members getting the service	Number of services
Preventive Care Services	+1.9%	+2.0%
Preventive Care (Dental/Vision)	-1.9%	-16.4%
Primary Care Visits	+1.9%	-0.2%
Specialty Care Services	-4.4%	-12.2%
Urgent Care Center Visits	+3.5%	+38.9%
Emergency Department Visits	-1.1%	-9.1%

Interim Report Findings

Disenrollment: Individuals identified as Black are

1.76

times more likely
to disenroll for
non-payment

1.63

times more likely
to drop to from
Plus to Basic

1.28

times more likely
to disenroll for all
other reasons

Interim Report Findings

Movement from Basic to Plus: Individuals identified as Black are

18% less likely to move from Basic to Plus

HIP Basic has a disproportionate enrollment of individuals identified as Black, and HIP Basic has notably less favorable service utilization than HIP Plus

- For example, individuals identified as Black use fewer tobacco cessation services
- HIP Basic members had lower participation and utilization rates for preventive services, primary care, specialty services, and urgent care centers from 2015 to 2018 as compared to HIP Plus members. Many factors could contribute to this difference between benefit plan groups, including case mix (10% of HIP Basic members are medically frail as compared to 17% of HIP Plus members), health literacy, lack of transportation to providers, among others.



COVID-19 Response

In response to the COVID-19 public health emergency, policy and program changes were made to help ensure members are able to maintain continuous coverage

Member Eligibility

Member health coverage will not be terminated during the public health emergency unless the member voluntarily withdraws or moves out of the state

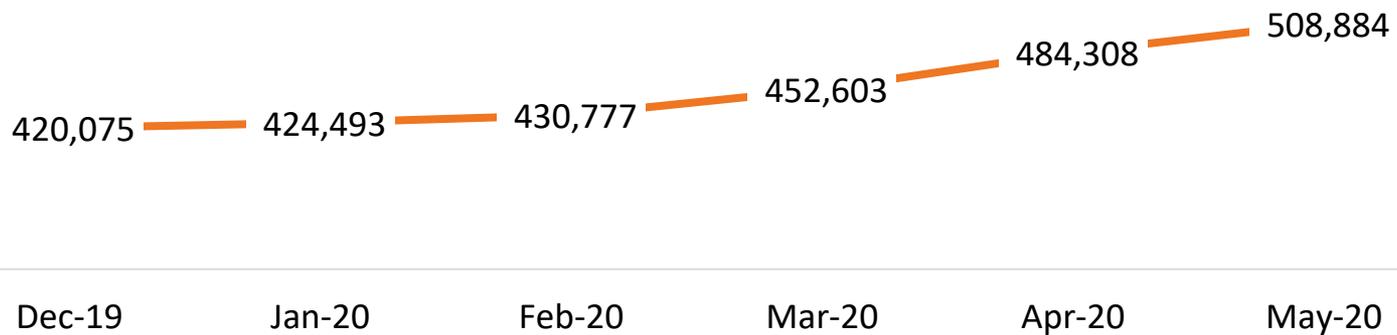
Cost Sharing

All cost sharing is suspended for the duration of the public health emergency

COVID-19 Response



COVID-19 Impact on HIP Enrollment- Monthly



Medicaid Monthly Enrollment Reports. Accessed July 20, 2020. <https://www.in.gov/fssa/ompp/4881.htm>